



## **Deposit Account Statement**

**Requested Statement Month:** 

**Deposit Account Number:** 

Name:

Attention:

Address:

City:

Zip:

January 2005

502862

O'MELVENY & MYERS LLP

KRISTIN M GODFREY

114 PACIFICA

**IRVINE** 

CA

92618

POSTING DATE SEQ

ATTORNEY

DOCKET NBR

FEE CODE

AMT

BAL

REDACTED

Exhibit J



ž					
01/25 171	10521336	892,280-499	2631	\$150.00	\$11,640.00
01/25 172	10521336	892,280-499	2632	\$250.00	\$11,390.00
01/25 173	10521336	892,280-499	2633	\$100.00	\$11,290.00
01/25 174	10521336	892,280-499	2615	\$25.00	\$11,265.00
01/25 175	10521336	892,280-499	2614	\$200.00	\$11,065.00

## REDACTED

START	SUM OF	SUM OF END
BALANCE	CHARGES	REPLENISH BALANCE
\$9,396.00	\$11,888.00	\$11,517.00 \$9,025.00

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